

ELECTRONIC TESTIMONY APPLICATION

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

Petitioner,

-against-

DOCKET NO. _____

Respondent

I _____ acknowledge that I was served with a summons to appear in _____ County Family Court of the State of New York located at _____ . Said summons requires my personal appearance on _____ .

Pursuant to New York State Family Court Act § 580-316, I respectfully request that I be permitted to testify in this matter by telephone/audio-visual/other electronic means for the following reasons: _____

I understand that if my application is granted it is my responsibility to arrange with the support enforcement agency in my state or the court responsible for support enforcement in my state to assist in scheduling my testimony with the New York State court. I also understand that I must confirm final arrangements for testifying by electronic means with the New York State court by calling telephone No. _____ .

DATE: _____

RESPONDENT

Sworn to before me this _____ day of _____, 19 _____

Petitioner

(Deputy) Clerk of the Court

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number